



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$475517579
Outpatient Patient Service Revenue	\$200517545
Total Gross Patient Service Revenue	\$676035124

2. Deductions From Revenue

Contractual Allowance	\$473730315
Other Deductions	\$5893613
Total Deductions	\$479623928

3. Total Operating Revenue

Net Patient Service Revenue	\$193855358
Other Operating Revenue	\$2562305
Total Operating Revenue	\$196417663

4. Operating Expenses

Salaries and Wages	\$27547413	Employee Benefits	\$7734167
Depreciation and Amortization	\$3873888	Interest Expense	\$429523
Bad Debt	\$2555838	Other Expenses	\$79158584
Total Operating Expenses	\$121299413		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$77674088	Total Assets	\$127286443
Net Non-operating Gains over Loss	\$825545	Total Liabilities	\$51143065

Total Net Gains	\$78499633
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$437598982	\$354683745	\$82915237
Medicaid	\$45222402	\$34750807	\$10471595
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$193213740	\$90189377	\$103024363
Total	\$676035124	\$479623929	\$196411195

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$199447	\$-199447
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$32426	\$-32426

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	3935
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4549757
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$755440	
HCI Payments	\$0		
Subtotal	\$0	\$755440	\$-755440
Medicaid Shortfalls	\$10255173	\$13290506	
Subtotal	\$10255173	\$14045946	\$-3790773
DSH Payments	\$0		
Subtotal	\$10255173	\$14045946	\$-3790773
Medicare Shortfalls	\$82740781	\$72658744	
Other Government Programs	\$0	\$0	
Total	\$92995954	\$86704690	\$6291264

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7429	\$-7429
Community Assessment	\$0	\$224444	\$-224444
Provision of Taxes	\$0	\$5781798	\$-5781798
Other Allocations	\$0	\$0	\$0

Comments

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